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7590

09/22/2004

Friedrich Kueffner
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317 Madison Avenue
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Friedrich Kueffner

(Depositor's name)

R. Kueffner

(Signature)

December 21, 2004

(Date)

12/28/2004 EAREGAY2 00000061 10729717

01 FC:1504 300.00 US
02 FC:1501 1400.00 OP

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10729,717	12/05/2003	Paul Luchinger	ME-41DIVA	2675

TITLE OF INVENTION: BALANCE WITH A WEIGHING COMPARTMENT

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	XXX \$1400	\$300	XXX \$1700	12/22/2004
EXAMINER	ART UNIT	CLASS-SUBCLASS			
GIBSON, RANDY W	2841	177-180000			

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

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2. For printing on the patent front page, list

(1) the names of up to 3 registered patent attorneys or agents OR, alternatively,

(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1 Friedrich Kueffner

2 _____

3 _____

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

Mettler-Toledo GmbH

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

CH-8606 Greifensee, Switzerland

Please check the appropriate assignee category or categories (will not be printed on the patent): ☐ Individual ☒ Corporation or other private group entity ☐ Government

4a. The following fee(s) are enclosed:

☒ Issue Fee☒ Publication Fee (No small entity discount permitted)☐ Advance Order - # of Copies _____

4b. Payment of Fee(s):

☒ A check in the amount of the fee(s) is enclosed.☐ Payment by credit card. Form PTO-2038 is attached.☒ The Director is hereby authorized by charge the required fee(s), or credit any overpayment Deposit Account Number 11-1835 (enclose an extra copy of this form).

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☐ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.☐ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature

R. Kueffner

Date

12/21/04

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29,482

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